

**BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH**

Registered No.....

City _____ No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Doreen Goody { If child is not yet named, make

{ If child is not yet named, make
{ supplemental report, as directed

3. Sex Female	If plural births	4. Twin, triplet, or other..... 5. Number, in order of birth.....	6. Premature Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>6-24-30</u> , 19____ (Month, day, year)
------------------	---------------------	--	--	--------------------------------	---

Marcus Goody

10. Residence (usual place of abode) Rice
(If nonresident, give place and State) Ariz

19. Residence (usual place of abode) Rice
(If nonresident, give place and State) Ariz

11. Color or race. 4/4 12. Age at last birthday. 20 (Years); 20. Color or race. 4/4 21. Age at last birthday. 1 (Years)
Apache Indian Apache Indian

13. Birthplace (city or place) Rice
(State or country) Ariz.

22. Birthplace (city or place) Rice
(State or country) Ariz.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Common Laborer
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Housewife

<p>15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.....</p>	<p>24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....</p>
---	---

16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work
19		19	

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation..... { months
or weeks

29. Cause of stillbirth..... { Before labor.....
During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 1:00P m. on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician }
{ or midwife, then the father, householder, }
{ etc.. should make this return. }

Given name added from
a supplemental report.....(Date of)

(Signed) G. Kallala M.D.

or Midwife

Address 1000 1st Ave

Filed 6/2 1930 G. K. Kung

Registrar.

Registrar

478 - 624-425